



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
WIC AND NUTRITION SERVICES

RETAILER CONCERN

STORE NAME:	WIC VENDOR NUMBER:
STORE ADDRESS:	TELEPHONE:
STORE PERSONNEL'S NAME:	TITLE:

If this is a complaint about a WIC customer please list the agency number, check number, participant name, and participant number from top of the WIC check that was redeemed.

LOCAL AGENCY NUMBER:	CHECK NUMBER:
PARTICIPANT NAME:	PARTICIPANT NUMBER:
DATE:	TIME OF INCIDENT:

DETAILS OF EVENT:

- WIC customer tried to buy unauthorized items with check.
- WIC customer tried to receive cash for WIC check or in addition to food.
- WIC customer tried to return items purchased with WIC checks for cash or credit.
- WIC customer was verbally or physically abusive to employees.
- Other _____

ADDITIONAL COMMENTS:

(Attach additional sheets as needed.)

MAIL, EMAIL OR FAX TO:
Missouri Department of Health and Senior Services
WIC and Nutrition Services
P. O. Box 570
Jefferson City, MO 65102-0570
Fax: 573-526-1470
MOWICVENDORGROUP@HEALTH.MO.GOV

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